

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TM G		1/8/00
O.I.P.E. CLASSIFIER		16	1-14-00
FORMALITY REVIEW		65202	2-5-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-11-00
2	✓	✓	1-11-00
3	✓	✓	1-11-00
4	✓	✓	1-11-00
5	✓	✓	1-11-00
6	✓	✓	1-11-00
7	✓	✓	1-11-00
8	✓	✓	1-11-00
9	✓	✓	1-11-00
10	✓	✓	1-11-00
11	✓	✓	1-11-00
12	✓	✓	1-11-00
13	✓	✓	1-11-00
14	✓	✓	1-11-00
15	✓	✓	1-11-00
16	✓	✓	1-11-00
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42	✓	✓	1-11-00
43	✓	✓	1-11-00
44	✓	✓	1-11-00
45	✓	✓	1-11-00
46	✓	✓	1-11-00
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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